



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	HAS Inc	Region(s):	6 & 7
Agency Type:	Res Hab	Survey Dates:	10/24/16-10/26/16
Certificate(s):	RHA-5361 Pocatello RHA-253 Ammon	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.301.03.j 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)	One of eleven employee record review lacked verification of satisfactory completion of criminal history checks. For example: Employee 5's record lacked documentation the local Idaho State Police (ISP) check was completed per rule. The agency was added to the employee's previous DHW criminal history check on 06/27/16, but no documentation of a local ISP check. The agency then corrected the citation by conducting a complete DHW check on 09/02/16. Citation corrected during survey. The agency must answer questions 2-4 on the plan of correct.	1. <i>Click here to enter text.</i> 2. <i>An additional review of current employee files was scheduled and complete to ensure up to date compliance with rule.</i> 3. <i>Responsibility to implement corrective actions begins with our front line hiring personnel and is reviewed by our quality assurance personnel.</i> 4. <i>Quality assurance process's in place. This is done on a quarterly basis.</i>	10/26/2016



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<p>16.04.17.404.04. 404.COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS. The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and 04. Notification to Department of a Participant's Condition. Through a Department approved process, the agency must notify the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition, including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant</p>	<p>One of four participant record review lacked documentation the agency notified the Department of incidents per rule requirement.</p> <p>For example:</p> <p>Participant 2's record lacked documentation the agency reported to the Department a critical incident that occurred on 01/22/16 until 01/25/16.</p>	<p>1. <i>Critical incident reports are required to be submitted within 24 hours of occurrence. We have reviewed our implementation and identified the need to ensure that during holidays and weekends CIR's are not missed for submission within required time frames.</i></p> <p>2. <i>We have reviewed all current reporting and implemented our updated policy.</i></p> <p>3. <i>Our CIR's will be submitted directly by our administrator or designee upon occurrence and within the 24-hour time frame required in rule.</i></p> <p>4. <i>We have our QIDP's review for compliance to rule, all our critical incident reporting to ensure that we do not have further lapses in reporting. This is done on a quarterly basis</i></p>	<p>10/26/2016</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file. (3-29-12)			

Agency Representative & Title: Robynn Howell, RN Owner/Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 11/14/2016
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 11/16/2016